

Stephen W. Hitchcock, Director
State of Connecticut/DEP
Hazardous Waste Management Section
State Office Building
165 Capitol Avenue
Hartford, CT 06106

Dear Dr. Hitchcock:

Attached is the E.P.A. Form 8700 - 12 "Notification of Hazardous Waste Activity" for the future Olin Chemical Group's Research Center in Cheshire, Connecticut, as discussed with George Dews of your Department on March 28, 1984. Specifically listed are hazardous wastes generated in amounts of over 1 gallon. The Research Center handles a number of chemicals in small quantities in the laboratory area, from the lists set forth in Sections 261.33(e) and (f), Title 40 Code of Federal Regulations. Olin has included these materials with the aforesaid notification by checking all the characteristics in paragraph E of section IX of the form.

Olin is prepared to provide the CT. DEP. with a list of chemicals currently in our inventory. However, the inventory of chemicals in the laboratory is constantly changing because of the research functions being performed there.

Please communicate with Emma V. Verdick at 356-3357 if you have any questions concerning this matter.

H. A. Schroeder
Director of Research

HAS/tr



U.S. ENVIRONMENTAL PROTECTION AGENCY NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.
I. NAME OF INSTALLATION
II. INSTALLATION MAILING ADDRESS
III. LOCATION OF INSTALLATION

Olin Corporation
P.O. Box 581
Cheshire, CT 06410

PLEASE PLACE LABEL IN THIS SPACE

350 Knotter Drive
Cheshire, CT 06410

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

I. NAME OF INSTALLATION

OLIN CHEM. GRP. - RESEARCH CENTER

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

PO BOX 581

CITY OR TOWN

CHESHIRE

ST.

ZIP CODE

CT

06410

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

350 KNOTTER DRIVE

CITY OR TOWN

CHESHIRE

ST.

ZIP CODE

CT

06410

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

W. N. PATTERSON R. D. SERVICES

PHONE NO. (area code & no.)

203-271-6182

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

OLIN CORPORATION

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION

☐ B. TRANSPORTATION (complete Item VII)

☒ C. TREAT/STORE/DISPOSE

☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR

☐ B. RAIL

☐ C. HIGHWAY

☐ D. WATER

☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION

☐ B. SUBSEQUENT NOTIFICATION (complete Item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY									
W									
1	2	3	4	5	6	7	8	9	10

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1 23 - 24 7 23 - 24	2 F 0 0 2 23 - 24 8 23 - 24	3 F 0 0 3 23 - 24 9 23 - 24	4 F 0 0 4 23 - 24 10 23 - 24	5 F 0 0 5 23 - 24 11 23 - 24	6 23 - 24 12 23 - 24
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B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 24 19 23 - 24 25 23 - 24	14 23 - 24 20 23 - 24 26 23 - 24	15 23 - 24 21 23 - 24 27 23 - 24	16 23 - 24 22 23 - 24 28 23 - 24	17 23 - 24 23 23 - 24 29 23 - 24	18 23 - 24 24 23 - 24 30 23 - 24
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C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U 0 0 2 23 - 24 37 U 2 2 9 23 - 24 43 23 - 24	32 U 0 7 5 23 - 24 38 23 - 24 44 23 - 24	33 U 0 8 0 23 - 24 39 23 - 24 45 23 - 24	34 U 1 9 6 23 - 24 40 23 - 24 46 23 - 24	35 U 2 2 0 23 - 24 41 23 - 24 47 23 - 24	36 U 2 2 3 23 - 24 42 23 - 24 48 23 - 24
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D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 24	50 23 - 24	51 23 - 24	52 23 - 24	53 23 - 24	54 23 - 24
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☒ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

XIII. CERTIFICATION (see instructions)

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment."

SIGNATURE H. A. Schroeder	NAME & OFFICIAL TITLE (type or print) DIRECTOR RESEARCH	DATE SIGNED
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